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ABSTRACT

Progress of the children involved in a Canadian day care project is reported, focusing on the day-to-day interaction of the children and any changes in their overt behavior patterns. Particular emphasis is on the adjustment of the inner-city youth to the problems produced by the cultural and economic deprivation of their environment. A brief review of the literature and history of the project are included, followed by the analysis of the project itself, which is acknowledged to be necessarily limited in scope due to the brief time of study and small number of students involved. The project aimed at providing economically deprived youth with individual attention and affection, counseling and play activities conducive to fostering normal, healthy attitudes toward themselves and their environment. Although it is still early to determine the extent of the project's effectiveness, it seems to be successful on the basis of several factors: children's patterns of response, level of physical health, general level of mental and emotional health, and acceptance by both families and the community. (LH)

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THE LUKE OF YORK

DAY CARE PROJECT

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THE DUKE OF YORK DAY CARE CENTRE PROJECT

INTRODUCTION

In November of 1967, the Research Department was invited to discuss possible procedures for documenting the progress of the children involved in the Duke of York Day Care Centre Project. Following further discussions a small scale project was mounted and a team from the Research Department observed and recorded the day-to-day interaction of the children in the programme, and any changes in their overt behaviour patterns. In particular the project attempted to focus on the adjustment of these inner-city children to the problems produced by the cultural and economic deprivation of their environment.

Under the circumstances it was not possible for the Research Department to undertake a full-scale research project involving sophisticated statistical techniques and analysis. The project was viewed by the Department as an attempt to provide objective and descriptive information which, ultimately, could be fed back into the programme and be useful in making future adjustments and improvements. A variety of factors combined to make such a descriptive pilot study logical. The fact that a single school was involved, along with a specifically select population involved in a unique activity meant that it was impossible to set up a full-scale project involving a control group and other expected design features. The brief time-period of three months allotted for the study, the small number of students involved, and the deliberately open-ended nature of the programme combined to preclude any study which would satisfactorily answer many of the common questions one might want to ask of such a project.

In spite of these limitations, the Research Department agreed to participate because they felt that some useful objective and descriptive information could be provided which would be difficult for the deeply involved, highly committed staff to obtain, let alone collate and record.

A brief review of recent welfare literature is included to provide a picture of the most prevalent attitudes toward day care centres.

BACKGROUND TO THE STUDY AND PROCEDURES

Brief Literature Review

A review of contemporary literature on day care shows that, in general, the needs for supplementary child care can be divided into normal and pathological ones. The normal need, and quantitatively, the greater one, concerns the children of working mothers. The need for supplementary day care for these children is not necessarily associated with any social or personal pathology but arises from the large and constantly growing number of women returning to the labour force. This increasing maternal labour force is seen by most sociologists as an integral part of contemporary industrialized urban society and is not, in itself, either unhealthy or undesirable. However, this view is not universally accepted, and there are many who persist in thinking it unnatural for a mother to work and turn her children over to others for care.

The second basic need for supplementary child care, and incidentally, the most frequently discussed need in the social welfare literature, concerns a variety of pathological needs. In general, proponents of this view see the very need for supplementary care in a centre as an indication of family inadequacy. Furthermore, this position is difficult to avoid since most of these writers persist in thinking it undesirable for a mother to work. Thus, in a sense, it is the welfare people themselves, by virtue of their classification of working mothers, who create the pathological situation. According to this dominant point of view, then, day care -- whether provided as a child welfare service or on any other basis -- is inevitably a problem

service, arising in response to a pathological need and justifiable insofar as it protects the child and his family from something worse. (Ruderman, 1965, p. 19)

According to the literature, there are many family "distress" conditions in which a child may require supplementary care. A mother may be in poor physical or emotional health, there may be interpersonal tensions in the family, overcrowded living conditions, or too many children for the mother to manage successfully without some relief or assistance. The child may have a special problem or handicap that makes supplementary care advisable, or the family may live in a "culturally deprived" environment that makes social or educational enrichment desirable. These are the kinds of situations that Florence Ruderman and other social welfare figures are concerned with when they write about the "pathological needs" for day care.

However, in the social welfare writing of the day, it is difficult to find any systematic distinction between normal and pathological or abnormal needs for supplementary child care. An overview of the literature shows that day care services are described most frequently as a service to help hold the disintegrating family together. to provide security and attention for those who might otherwise not have them. Illustrations of this approach are not difficult to find; the major American child welfare publications on day care provide good examples. In 1961, Judith Carrman, one of the leading figures in day care wrote:

> "In a day care service, the responsibility for providing for the individual child's needs is considerably greater than in other forms of daytime children's programs. This is because there is some problem which makes it necessary for the parents to have help in carrying out their responsibility to the child..." (quoted in Ruderman, 1965, p. 16).

The Children's Bureau Guides to State Welfare Agencies for the Development of Day Care Services, which was issued in connection with the 1962 Public Welfare Amendments in the United States says:

> "The child who needs day care has a family problem which makes it impossible for his parents to fulfill their parental responsibility without supplementary help." (quoted in Ruderman, 965, p. 17)

There are, however, a few exceptions to the predominant point of view described above. The leading opponent of the dominant social work approach to day care is Alfred J. Kahn who proposes that welfare services become available as a matter of right rather than awaiting individual difficulty or problems. Kahn believes a child should not have to have special problems to qualify but should be eligible for day care in the same sense that he is eligible for admission to elementary school. One should not have to prove that day care is either "good" or "necessary" in each individual case; rather, according to Kahn it is a public "utility" in an advanced industrial society (Ruderman, 1965, p. 18). However, there is no indication as yet that other child welfare figures are switching to Kahn's conception of day care.

An interesting aspect of a review of welfare literature is the absence of much discussion concerning whether this "right" to day care should be free, as is elementary school, or should be paid for on a sliding scale or in any other manner. This failure seems consistent with the approach that treats day care as a pathological concern.

With regard to existing day care facilities, it would be safe to say that most large urban North American cities offer a variety of day care programmes to meet the day care needs of children from infancy through preadolescence, individually and in groups, in homes and in centres. But the total volume of day care services required, especially for the children

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of the ever-increasing number of working mothers, is not being provided. Furthermore, there is a tendency to "pass the buck" for the support of day care from welfare agencies to educational organizations and back again. There is as yet little integration of these various agencies to produce a truly interdisciplinary approach to day care.

The bibliography contains a selected list of material dealing with day care centres that might be of interest to the reader.

History of the Duke of York Day Care Project

Duke of York School is located in downtown Toronto, near Jarvis and Dundas Streets, in a low income area. Not surprisingly, serious social problems resulting from the pressures and strains characteristic of a low socio-economic milieu are evident in that area. Many children attending the school, live in overcrowded houses and often form part of a one-parent family.

When the Board of Education introduced an enriched programme, smaller classes and specially chosen teachers for inner-city schools, Duke of York was the first school chosen in 1965. During June 1967, a day care programme for 20 children was established under the auspices of the Social Planning Council of Metropolitan Toronto. The children were selected by the school's social worker and teachers according to need and on the basis that they would benefit most from the programmes. The apparent success of this short-term project encouraged its continuation during the school year 1967-1968. In assessing the programme the school principal felt that the school learned a great deal about both the individual children and their families. It was felt, however, that the trial period was not long enough to assess the programme's value to the individual children, although parents who were contacted expressed satisfaction and relief with having their children cared for in a supervised programme.

The extended pilot project began in the middle of November 1967. Again, the 21 participants were chosen by the social worker and teachers on the basis of need. The criteria for selection included substandard or overcrowded housing, poor nutrition and health standards, single parent

families, low intelligence and mental illness. (See page 15 for a detailed tabulation of information on home environments of the 21 children.) In several of the children, symptoms of emotional problems were already evident. In addition, inadequate incomes resulting from casual employment aggravated and magnified the above factors and created a "distress" situation.

It was felt that through individual attention these children might be helped to adapt more favourably to their environment. It was not expected that the programme would produce "nice middle class children." The broad purpose of the day care project was to provide a programme of supervised activities for a selected group of youngsters with the expectation that certain desirable changes might occur in their attitudes, values, self-concept, and behaviour. Since it was acknowledged that such changes would require long periods of time to emerge in response to the experiences designed to produce them, the Research Department limited its study to the readily observable overt behaviour of the children as they participated in the activities of the programme. (See pages 27-29 of the appendices for a description of the overt behaviours under observation and the rating sheet used by the observers.)

The Duke of York Day Care Programme

The staff was headed by a woman who was trained in pre-school education and child development. She was assisted by a paid worker and a volunteer from the Company of Young Canadians; at the lunch served daily at nearby All Saints' Church, she was assisted by various volunteers and kitchen helpers; in the activity programme, further assistance was provided by several third-year student nurse volunteers from St. Michael's Hospital.

In effect, the programme began with the hot lunch served at All Saints' Church. After lunch, various play activities were introduced and supervised. In the afternoon the programme continued after school from 3:30 to 4:45, either in the gym or auditorium, or outdoors if the weather was suitable. Usually, a light snack was served. The children were free to choose active or quiet activities, both with a minimum of close supervision. They could choose among arts and crafts, quiet games, strenuous physical activities, listening to music or reading. The entire programme was loosely structured, allowing the children to choose freely, permitting natural expression of their interests and, perhaps, inspiring creative exploration and experimentation.

The children's needs for affection, acceptance and discipline made close personal relationships founded on mutual trust necessary; hence, there was a ratio of one adult to three children. This arrangement allowed a child with low sociability or a low security level to be given individual time and attention -- something they may have seldom received at home. It was hoped that the children would respond to this interest and affection communicated in a close relationship, and their feelings of trust would carry over into their everyday school and family experiences.

Areas of Study

One of the basic aims of the research study was to gather information on the following question: since the children are "culturally deprived" in terms of the resources and experiences available to them, what will be their response to an enriched environment, a psychologically supportive atmosphere, of this question, five major foci of study were derived:

1. What are the children's emotional, social

and intellectual patterns of response to each other, to themselves, and to the experiences of the programme?

2. As a group, are the children in this programme at an acceptable standard of physical health?
3. What is the general level of mental health of the children?
4. What is the general acceptance of the day care centre as reflected in the children's attendance, family opinion and co-operation of the participating community organizations and agencies?
5. As a generalized assessement:
   (a) how effectively organized was the activity programme?
   (b) were the physical resources adequate?
   (c) was the staff/student ratio adequate and was the staff generally satisfactory?

Methods of Study

The actual time period during which the Research Department studied the day care centre spanned the three months of March, April and May, 1968. Members of the research team observed the children for about ten days in early March and for another week in late May. The purpose of spreading the observation periods over three months was to see if there were any changes over time, however small, in the behaviour patterns of the children, and whether or not these could be attributed to the programme. Various additional items of information were gathered during the three months; e.g., physical measurements and a test of security.

The main procedure used to collect data was then that of the "participant observer." A team of four from the Research Department was trained to be familiar with the interpretation of the rating scale of overt behaviour that had been devised.[1] (See page 29 of the appendices.) When the team went to Duke of York School during the day care hours, they were given some small legitimizing role so that their presence would be minimally questioned by the children. In addition, they were advised to try to remain free of direct involvement in the children's games so that they could objectively observe the behaviour patterns of the children.

A more detailed description of the methods used in data collection for each area of focus follows:

1. Children's emotional, social and intellectual patterns of response

During the observation periods, the observation team was instructed to look for such things as: whether a child was a natural leader and initiated most of the activity or whether he was a follower; whether a child was aggressive towards others or meek and passive; whether a child could interact with and share with the other children or whether he demanded his own way; whether a child was moody and sulky or happy and carefree; whether he was dishevelled and dirty or relatively clean; whether a child was respectful of adults and

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[1] In spite of the briefings, discussions after the data were collected revealed that the four observers were not always in agreement with each other. It eventually became apparent that the major reason for such disagreements had to do with the variations in what the rater considered "ideal" behaviour. Thus in looking at aggressive behaviour, some raters expected and thought it good for girls to be passive and quiet in comparison to boys and therefore, a check in the middle part of the scale represented different levels of aggression, depending on whether they were rating a girl or a boy. Acceptable table manners also appeared to be different for the different raters. These variations then persisted after the raters had been briefly trained because the raters themselves had different personal standards and because they had different expectations of "downtown children."

authority figures or was rude and disrespectful. Admittedly, these attitudes and behaviours represent extremes, but these were to be used merely as guidelines in assessing the children's patterns of interaction.

Nine categories of behaviour had been established. They consisted of readily observable actions which could be recognized with a minimum of interpretation. (See appendix.) Observations of each child were recorded on a rating scale in terms of these nine areas. Each of the two observation periods involved a total of about twenty-six hours for each observer.

The same rating scale was used by each child's teacher, and by the programme director of the day care centre, although none of them were briefed on the interpretation of the scale. The teachers completed a rating sheet for each child every two weeks from March to May, and the programme director completed a sheet for each child in January and again in April, comparing the attitudes and behaviour of the children over the months.

Because of the differing settings in which the children were observed, there has been no serious attempt to analyze statistically the rating scales for agreement among all raters. Instead, a more generalized and descriptive discussion of the data will be presented toward the end of this report.

2. Level of physical health

The general level of physical health was ascertained for each child based on previous health records at the school. In addition, each child was examined by a doctor in March and by the school nurse in June in an attempt to determine whether there were any positive changes in health, and if so, whether these could be attributed to the day care centre. (Perhaps in a later study these results could be summarized on graphs for each child and compared with the national norms for growth and development.)

3. General level of mental and emotional health

(a) Anecdotal records based on "interviews" and casual observations of the children were made twice during the three month period by the school guidance counsellor and by the programme director. In addition, detailed observations were recorded by the team leader of the participant observers from the Research Department and more "clinical" observations were made by the school social worker.

This anecdotal material will be summarized and co-ordinated with information gathered from the class records, and presented in a descriptive fashion in a discussion of the findings later in the report.

(b) The Institute of Child Study's test of security was administered twice to the children during this period. Fundamentally, this test is intended to provide a measure of the security level of the child based upon his responses to social and personal problem situations in terms of four kinds of psychological security.

4. Acceptance of the day care centre programme

(a) Records of attendance at both the lunch-time and after-school programmes have been compiled in order to see if there is any connection between attendance and effects of the programme. (See page 34 of the appendices.)

(b) Response of families: anecdotal notes have been collected from the school nurse, the school social worker, the principal and the programme director reflecting parental responses to the day care centre and its effects on their family life. A summary of these comments follows later in the report.

(c) Community response: Some of the various community agencies and organizations that were involved in the project have offered specific assessments of the programme and its effects. A sampling of these opinions follows.

RESULTS

As this study was originally conceived it was intended to be neither a full-scale research project nor a sophisticated statistical technique. In view of this self-imposed limitation, the review of the findings will be necessarily descriptive rather than statistical in nature. Furthermore, it will be necessary to keep the descriptions general so that none of the children or their families can be identified.

Tabulation of Information on Home Environment

Fathers' Ages: range from 29 - 53 years; average age 37.75 years

Mothers' Ages: range from 26 - 44 years; average age 33.55 years

Father's Occupation: 5 labourers
3 semi-skilled
1 receiving out patient treatment at Ontario Hospital
1 not living at home

Mother's Occupation: 1 working mother

Unemployment: period of unemployment varies from 3 - 6 months
reasons: illness; changing jobs; demand

Income: difficult to calculate -- probably between $3600 and $5200

Welfare: 3 families out of 9 are on either welfare or Mother's Allowance

Accommodation: 2 families in Moss Park Apartments -- excellent
2 families in old apartment building -- very poor
4 families in old flats, 2 of which are over a store
1 family in a small house -- fair

Play Facilities at Home: 5 families -- nothing
4 families -- small front or backyard

Number of children: between 4 and 9; average 5.44

Ages of Children: range from infant to 18 years

Health Problems of Parents: mental retardation, mental illness, rheumatic fever, epilepsy, allergies, bronchitis

Health Problems of Children: speech defects, hearing difficulties, weak heart, harelip and congenital defects, convulsions, bronchitis, inadequate hygiene

Children's Patterns of Response

Since the same rating scale used by the participant observation team was used by the teachers and the programme director, an attempt was made to analyze and compare these ratings. However, it does not appear that there is statistical inter-rater reliability. There are several possible explanations for this. Neither the teachers nor the programme director had discussed the various categories with the person who designed the scale, and therefore, were probably not using the instrument in exactly the way in which it was designed. Also, it must be remembered that the teachers see the children in an entirely different setting. This isn't to say that their ratings should be disqualified; rather, they should be interpreted in the context of the relative structure and control of the classroom as opposed to the freedom of the day care centre.

In fact the teachers' reports indicate that the children do indeed behave quite differently in the classroom setting, and interestingly, their behaviour there seems generally more orderly. There are several possible explanations for this. One is that the children feel considerably more free and unencumbered in the day care setting, and the atmosphere is conducive to the releasing of pent-up emotions and frustrations, if they have them. In fact, the programme leader reported that on several occasions one or more of the children would come to the day care programme already tense and in a bad mood after the school day, and would require extra attention and often,

removal from the group setting in order to induce a controlled release of emotion. This possibility was seen by those interested in the programme as one of its chief contributions for these children of an "emotionally deprived" background.

It is no doubt true that some of their emotional and behaviour problems result, or are at least aggravated by, inadequate individual attention at home. This situation is remedied to some degree during day care since the adult/child ratio is about 1/3.

It would be unfair to say at this time that each child has progressed favourably in terms of relating better to adults or to peers. However, it is true that among several of the children, there has been a marked behaviour change in a favourable direction. This, in itself, is an encouraging indication that the programme is having positive results.

As an example, the programme director has stated that several of the children have made distinct improvements in terms of sociability. Many are able to function in a group setting better now than at the beginning of the year. This includes the ability to share toys and physical objects, as well as a playmate's or adult's attention. The desire to be the centre of "individual attention" seems to characterize the "culturally deprived" child, and undoubtedly stems from a certain lack of parental affection and attention at home. Thus, the staff of the day care centre attempt to make each child feel secure and important in his own right, and there is a concerted effort to foster in him development of a favourable self-image.

The fact that the children are becoming able to share suggests that they feel secure in the day care setting. Since security is usually an emotion engendered in social rather than in physical situations, one hopes that the children will maintain their feeling of security in other relationships -- with teachers, parents, siblings as well as peers.

A detailed analysis of the ratings made by the various raters in each of the nine categories could be done and would undoubtedly show that, by the end of the year, several students would have fewer negative ratings and more indications of socially acceptable behaviour than they had at the beginning of the year. However, the fact that few children at any point had negative ratings on all scales, and that the categories in which children registered satisfactory behaviour varied from child to child indicate that generalized comparisons between children become meaningless. There were many instances in which a particular child was found by his teacher to be better behaved and more easily managed in the classroom but was aggressive and disruptive during day care. To balance this, there were a few students whose behaviour during day care caused no alarm but whose teachers complained that they were unruly in the classroom. This discrepancy has many possible explanations, some of which have already been suggested. Thus, the various raters interpreted the categories differently; there were inherent differences between the classroom and day care environment and each child, with his particular personality, would respond differently to an enriched environment. Nevertheless, the fact that at least some of the children relate better to peers or to adults indicates that the programme is having satisfactory results. No one realistically expected dramatic changes in so short a time.

Level of Physical Health

The children's weights and heights based on the doctor's examination in March and the school nurse's examination in June have been recorded on graphs. (See doctor's form -- Appendix B.) (See copy of chart in appendices -- Appendix B.) Over those three months all the children but three gained in weight and those three dropped by no more than a pound. It is interesting to

note that two of the three children whose weight dropped had been absent from the day care programme, and the hot lunch, during that period for up to a week because of unacceptable behaviour. There were few perceptible changes in height.

General Level of Mental and Emotional Health

In most cases, the school guidance counsellor and the programme director, Mary Dixon, were agreed on which children seemed, by their behaviour and attitudes, to be benefiting most from the personalized day care programme. Those children who, it was felt, continued to have difficulty relating to others or "coping" with problem situations were consistently taken aside for intensive individual attention since it was believed that this was one aspect of normal family life which was lacking for these children.

The participant observation team from the Research Department noticed in several instances that children whose behaviour during the first observation period had been interpreted as aggressive had, by the second observation period, settled into a comfortable routine and (whether for better or worse) were considerably more passive in their interaction patterns. On the other hand, there were three children whose behaviour patterns went the other way. These three were noticed during the first observation period especially because of their shy, passive nature, and the fact that the others reacted in a violently aggressive fashion toward them. It was discovered that they had recently rejoined the programme after several weeks' absence resulting from a family break-up. By the second observation period, however, these children had apparently become more comfortable in the day care setting and their expected aggressive behaviour, which corresponded with their teacher's and the guidance counsellor's evaluations, was freely displayed.

This was the most dramatic example of a change in what could be called a negative direction.

In addition, there was one little girl whose bladder control problem, which was frequently obvious, became so acute that the programme director discussed the issue with her parents. As a result of the interview an appointment for a complete check-up at a hospital was arranged, and much information was obtained from her parents which was immediately useful in working with the child's problems.

For many of the other children, there were no dramatic changes in behaviour, in one direction or the other. However, those involved with the day care programme are motivated by the belief that merely having a programme at all that keeps the children off the streets and supervised until there is someone at home able to look after them, is justification enough for any day care programme.

The Institute of Child Study's test of security was administered twice to the day care children but the results were disappointing. Basically, this is because the testing was not well handled. The teachers were not adequately prepared by the Research Department with the result that they were not familiar enough with the test itself to make it understandable for the children. Since several of the children in the day care centre are termed "slow learners" and are in special classes, they required slow and methodical explanation in order to be able to cope with a test of this kind. Perhaps it was unfair to expect the teachers already overburdened by the requests for additional help from the Research Department, to exert themselves once again with inadequate instructions. Therefore, although the test was administered to each child twice, and the individual results are available (see appendix C, p. 33), the analysis of the changes between the first and second administration is of limited value.

Acceptance of the Day Care Centre Programme

The children's attendance record, both for the lunchtime and after-school programmes has been charted. (See page 34 of the appendices.) Based on both the chart and verbal comments from the children, it is apparent that the lunchtime programme was extremely popular. On various occasions a few of the children told the programme leader that they left for school without breakfast in the morning because either their mother wouldn't get up or there was nothing in the refrigerator. Probably the substantial lunches provided as part of the day care programme account for some of the children's weight gain.

In cases where the doctor felt there was a hygiene problem, contact was made with the parents in order to try to remedy the situation. There were two instances in which the children were found to have lice, and had their heads shaved. At the same time it was pointed out to the parents the urgency of adequate care and cleanliness for their children.

Response of Families

Based on the information given to the participant observers from the Research Department all the comments from the families of the children were favourable. However, the reasons for the parents' acceptance of the programme varied. Obviously the one working mother was pleased because her child was supervised until she returned from work. However, a mother of several young children under school age was pleased to have at least one of her children out of her way during the day to allow her more time for her household chores. Another mother said quite frankly that her child had better meals at the day care centre than she could provide at home. And another mother whose children had multiple physical defects expressed considerable relief that interested and trained people were working with her difficult children, and making some

headway. One particular mother acted, in a sense, as a spokesman for the parents, and was present at the meeting when the Department of Welfare agreed to support financially the day care centre, thus assuring its continued existence.

The school nurse reports that she has experienced improved relationships with the parents of the day care centre children. Many of the parents now ask her advice on matters of health and hygiene and seem to take a greater interest in issues concerning the welfare of their children. Perhaps one reason for this is the fact that the parents are kept informed concerning the programme, and their signatures are needed before the children can be examined by a doctor, or taken on an excursion. In no case, to our knowledge, did a parent refuse to provide the signature.

The Community Response

In general, the community response to the original pilot project was encouraging. In fact, the project was financially sponsored by funds from several organizations and interested individuals. According to our information, the Save the Children Fund, the Atkinson Foundation and the Downtown Church Workers were the organizations primarily involved in offering funds to support the day care centre as a pilot project. The Company of Young Canadians contributed one paid worker and a volunteer to the programme on a full-time basis. In addition, the services of the trained programme director were made available through Holy Trinity Church, and paid for by the Downtown Church Workers' Association. All Saints' Church provided kitchen facilities, personnel and eating space for lunch as well as play space after lunch. The Board of Education contributed space, equipment and indirectly the time of school personnel.

St. Michael's Hospital sent several student nurses to work with

the day care centre children as part of their training for six weeks at a time. Each student nurse selected one child and focused special attention on him or her during that time. The students were asked to keep a daily record of occurrences that involved "their" child. Based on these reports, it is evident that the student nurses felt they gained a great deal from the experience of interacting daily with the children. They gained considerable insight into the attitudes and desires of young children, especially of so-called "culturally deprived" children. Based on the limited number of these reports which were read, it appears that the students viewed the day care centre as a supplementary service to meet the needs of the children that are not being adequately met at home. In keeping with this view, they initiated a grooming and personal hygiene group which was especially popular with the girls in the programme. When asked to comment on the programme, most parents said they especially valued the student nurses' help.

The school principal and vice-principal are both favourably disposed toward the programme and genuinely interested in its progress. However, the extra strains on the teachers with the addition of research personnel at the school, and the many demands made, understandably meant that the programme was less favourably received by the teachers than might have been expected. It is hoped that now that the school year is over, and with some feedback already provided on an informal basis as well as the favourable comments from the parents and the children, the teachers will be able to evaluate the programme in more relaxed circumstances.

SUMMARY AND IMPLICATIONS

Keeping in mind the limitations of this kind of study, and the conditions under which much of the data were collected, the study nevertheless demonstrated several interesting details. One of the most interesting aspects of the Duke of York Day Care Centre is the fact that it is specifically designed to meet the needs of the children in that community whose problems are directly or indirectly related to the pressures of economic deprivation. The day care project originally intended to attempt to provide these children with individual attention and affection, counselling and play activities conducive to fostering normal, healthy attitudes toward themselves and their environment. Many of the anecdotal reports from those involved in the project suggest that the programme as it is organized is on the way to meeting these needs.

It was apparent that the young student nurses were extremely popular with the girls and were looked to for both affection and advice. Based on the two periods of observation it was obvious that to the boys, the C.Y.C. worker was the key figure. However, several of the boys were without permanent fathers at home, and hence, were without a male figure with whom to identify. Further, a few of these boys already exhibited severe behaviour problems. Perhaps the addition of a full-time adult male to the staff to spend time with these boys would be an advantage.

The Duke of York project also demonstrated that several downtown agencies and organizations could successfully combine resources and personnel in organizing and sponsoring a programme within their community.

It is too early to expect the day care programme to have had extreme

effects on the children, especially since changes in values and attitudes are particularly slow to emerge. But the mere fact that a day care centre exists in an inner-city environment where before there was none, is surely a positive fact.

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APPENDIX A

Descriptions of Overt Behaviour

A. Aggressive Behaviour

Direct attack, verbal (name-calling, swearing) as well as physical (kicking, hitting, pulling, pushing, etc.)

"I want to ride the trike!" (Child pushes another child off.)

Grabbing objects such as papers, pencils, books, personal belongings, etc; taking over such objects without permission or despite wishes of owner.

"Give me that!" (Child grabs toy from another child.)

Destroying property:

(a) property of others, e.g., tearing up someone else's picture;
(b) child who has been thwarted in trying to have his own way may throw an eraser against the wall, slam a book against his desk, etc.

(Since we are interested in the predominating style of a child's behaviour, note the incidence of aggressive actions during the observation period, and the appearance of aggressive behaviour as a consistent response to frustration or "provocation," in relations with others.)

B. Work/Play Patterns

Solitary versus group participation. Generally works by himself (isolate) or accepted and welcome member of the group in play.

Solitary: Child pays little attention to adults or peers; daydreams, withdrawn, etc.
Group: Child frequently joins with others (one or more children) in work and play.

C. Attention Span

Perserverant, completes tasks versus gives up easily, readily frustrated. Working on productive activity or project with genuine interest and concentration, e.g., playing with clay dough, reading with interest on one's own, riding trikes. Problem-solving activities -- trying to fix broken toy, seeking information from others.

(The attention span criterion is to be applied only for self-selected activities, not for tasks imposed or requested by adults or peers.)

D. Variety of Interests and Activities

Narrow, restricted to one type, e.g., trains, trikes, books, versus varied and wide range of activities. To be observed over an entire day's observation. Note number of different kinds of activities or interests when compiling or forming an appraisal based on a full week of observation.

E. Self-directed versus Other-directed

Doesn't look to others before acting, versus always checks with others. Individualist versus member of the herd. Independent versus dependent on reaction of others.

F. Personal Grooming and Hygiene

Neat and clean versus unkempt, dirty. Shows awareness of interest in dress, appearance, versus "oblivious" to such matters.

G. Lunchtime Table Behaviour

Overall, child is generally considerate and mannered as opposed to disruptive and ill-mannered.

(This category is similar to or related to others in this scale, hence major attention should be focused on "manners at the table" as this is understood by middle-class standards.)

H. Leadership/Followership

Initiator of activities for other children, versus going along passively with the lead of other children or child.

(This category is similar to E. above -- Self-directed versus Other-directed -- but the difference here is the focus on the child's role in his group as a recognized leader in games and other activities. In contrast with Category E, a child may be independent in choosing his responses to opportunities, but this category aims to describe the degree to which his independence is communicated socially and accepted by the group as leadership.)

I. Overall "Personality Style"

Quiet child versus loud child.

(This category is an overall, summary impression of the child by the observer. Most of the other categories, taken together, form the basis of this rating.)

Remarks Space

Here, the observer may wish to note specific behaviours observed to illustrate a particularly good sample of behaviour upon which the rating was based.

Rating Scales

Behaviours to be Observed

_____
(child's name)

A. Incidence of aggressive behaviour. (fighting, swearing, etc.)

A. _____
1 2 3 4 5
LOW HIGH

B. Work/Play patterns. (solitary vs. group participation)

B. _____
1 2 3 4 5
ALONE GROUP

C. Attention Span. (perseverant, completes tasks vs. gives up easily, readily frustrated)

C. _____
1 2 3 4 5
LOW HIGH

D. Variety of interests in choices of activities. (narrow, restricted to one type, e.g., trains, books vs. extremely varied, wide range of choices)

D. _____
1 2 3 4 5
NARROW VARIED

E. Self-directed vs. other-directed. (doesn't look to others before acting vs. always checks with others).

E. _____
1 2 3 4 5
SELF OTHERS

F. Personal grooming and hygiene. (neat, clean vs. unkempt, dirty)

F. _____
1 2 3 4 5
NEAT UNKEMPT

G. Lunchtime table behaviour. (generally considerate and mannered vs. disruptive, poor mannered)

G. _____
1 2 3 4 5
CONSIDERATE DISRUPTIVE

H. Leadership/Followership. (initiator of activities with other children vs. passive going along with lead of other children or child)

H. _____
1 2 3 4 5
LEADS FOLLOWS

I. Overall "personality style." (quiet child vs. loud)

I. _____
1 2 3 4 5
QUIET LOUD

_____ _____
(observer) (date)

Remarks: (over)

APPENDIX B

_____
(child's name)

Health Record

Examination #1 _____ Examination #2 _____
(date) (date)

Height

Weight

Build

Skin

Vision

Eyes

Ears

Nose

Throat

Teeth

Heart

Lungs

Chest

Hair

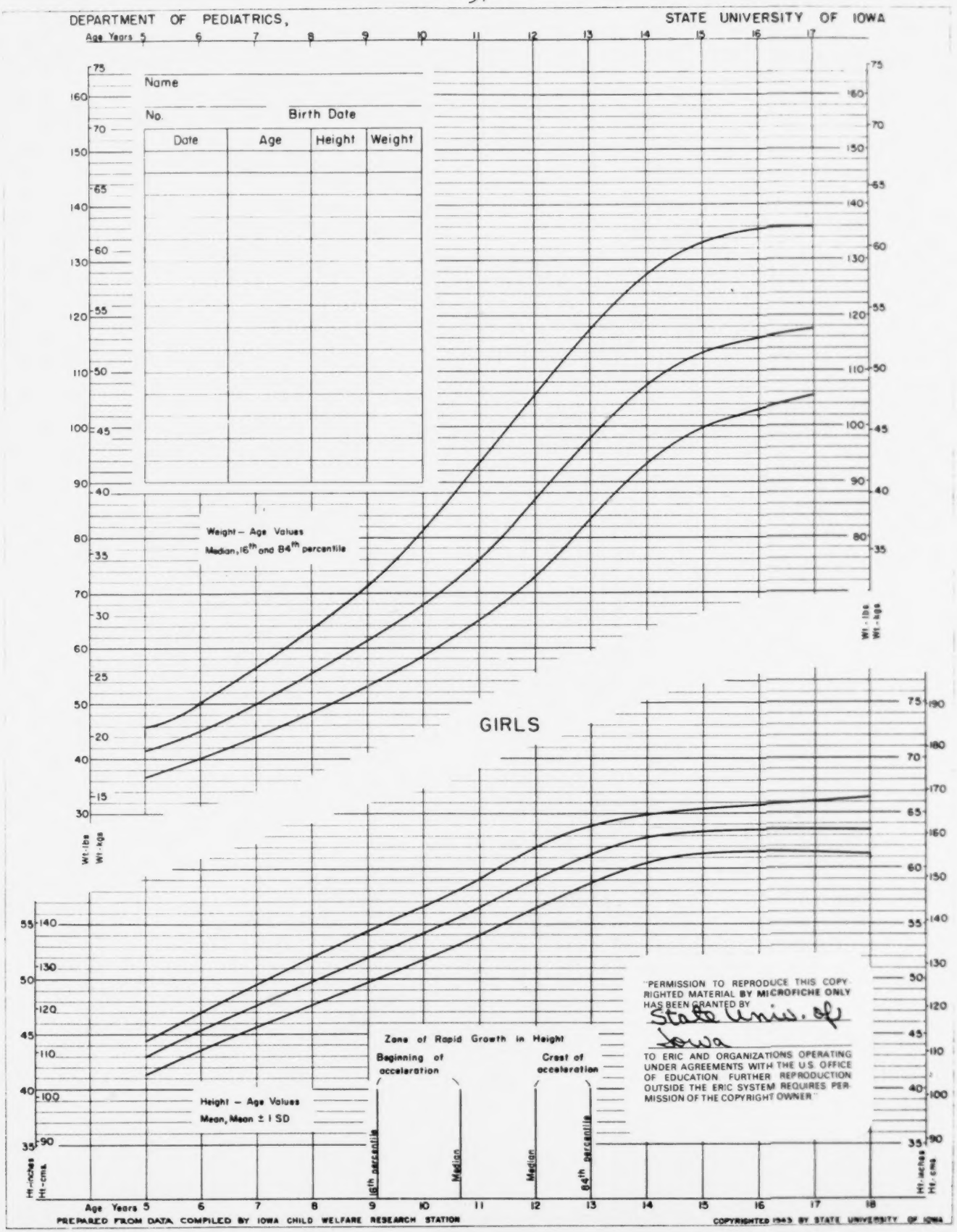
Hands

Feet

Abdominal

Remarks: (chronic conditions, allergies, etc.)

Remarks:



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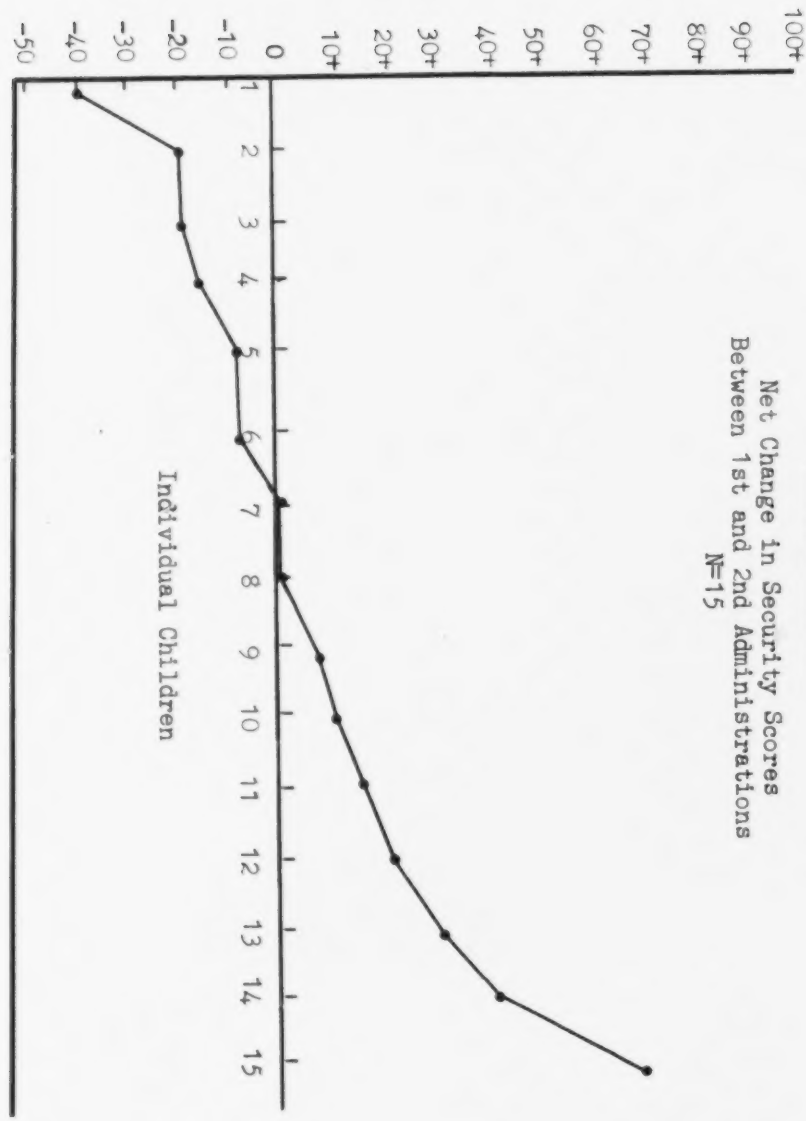
APPENDIX C


Test of Security
Net Change in Security Scores
Between 1st and 2nd Administrations
N=15
100+
90+
80+
70+
60+
50+
40+
30+
20+
10+
0
-10
-20
-30
-40
-50
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Individual Children

Results on Test of Security -- Primary Form

Sugject	Grade	Consistency 1st Adm.	Consistency 2nd Adm.	Percentile 1st Adm.	Percentile 2nd Adm.	Security 1st Adm.	Security 2nd Adm.	Percentile 1st Adm.	Percentile 2nd Adm.
A	KP	39	23	90th	60th	80	72	95th	75th
B	1	Incomplete							
C	1	2	48	5th	95th	54	77.50	20th	90th
D	2	59	47	95th	90th	86	75	98th	80th
E	1	13	21	40th	60th	63	62	50th	40th
F	2	13	35	30th	70th	57	64	20th	40th
G	1	Incomplete							
H	3	5	7	10th	10-19th	51	54	10th	10-19th
I	1	15	23	50th	60th	59	72	40th	70th
J	KP	39	23	90th	60th	80	72	95th	75th
K	4*	12	**	20th	**	49	**	5th	**
L	1	52	57	90th	95th	79	81	80th	90th
M	3	30	18	70th	30-39th	55	62.50	20th	30-35th
N	KP	4	.84	5th	2nd	49	50	10th	10th
O	2	Incomplete							
P	1	3	3	5th	5th	57	52	30th	20th
Q	3	38	30	70th	50th	68	68	40th	40th
R	2	14	10	40th	30th	56	68	20th	60th
S	1	Incomplete							
T	1	23	9	60th	20th	62	41	40th	2nd

* Elementary Form

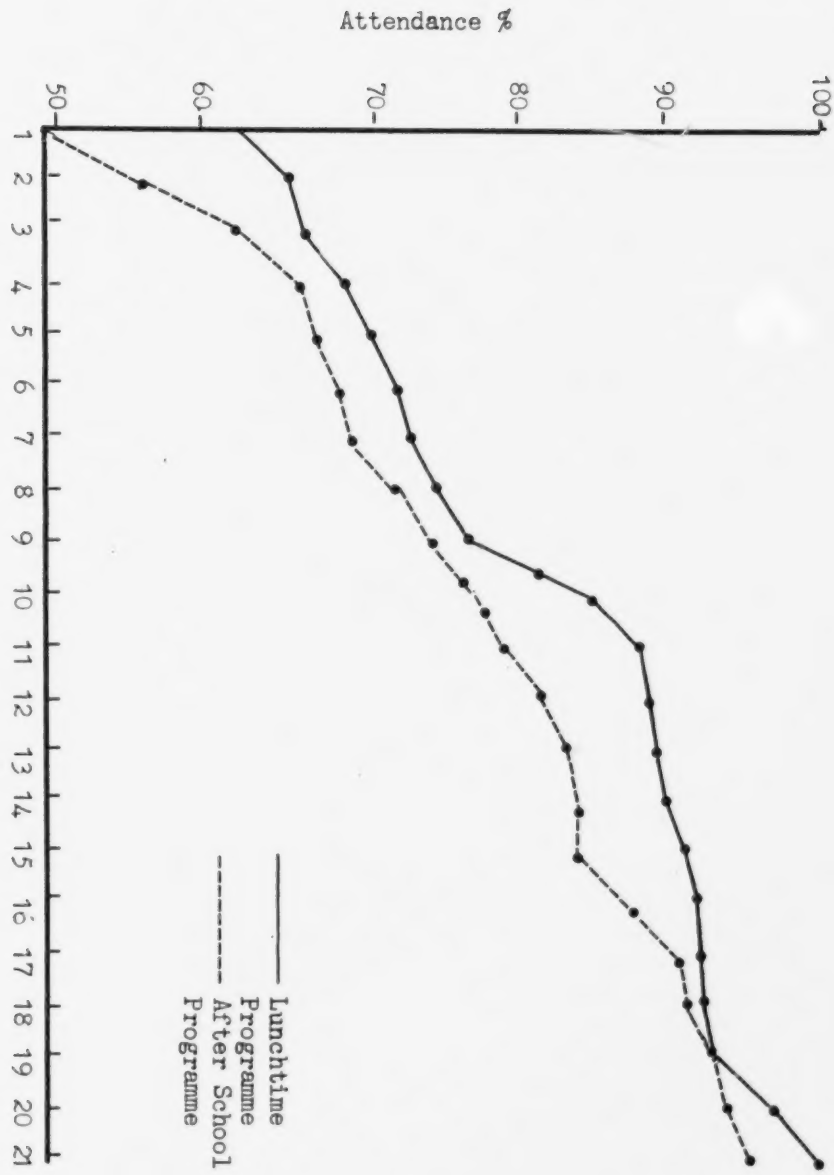
** Dropped Out of Programme

1st Administration - March 13-18/68

2nd Administration - May 20/68

} 10 weeks

APPENDIX C


Children's Attendance Record
Attendance %
100
90
80
70
60
50
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
Individual Children
Lunchtime Programme
After School Programme